

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90064 002 \*\*\*150.00

DOCUMENT # P22448

1. Entity Name

NYLIFE INSURANCE COMPANY OF ARIZONA

Principal Place of Business

MADISON AVE  
-- YORK NY 10010

Mailing Address

51 MADISON AVE  
NEW YORK NY 10010-1603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1530175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TREASURER & INSURANCE COMMISSIONER  
FLORIDA DEPARTMENT OF INSURANCE  
200 EAST GAINES STREET  
TALLAHASSEE FL 32399-6562

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	FREDERICK J SIEVERT	51 MADISON AVE	NEW YORK NY 10010	<input type="checkbox"/>
VT	CALHOUN, JAY S. III	51 MADISON AVE.	NEW YORK NY	<input type="checkbox"/>
S	MARRION, CATHERINE	51 MADISON AVENUE	NEW YORK NY 10010	<input type="checkbox"/>
VD	GALLO, MICHAEL	51 MADISON AVENUE	NEW YORK NY 10010	<input type="checkbox"/>
VD	GOLDFINGER, SOLOMON	51 MADISON AVENUE	NEW YORK NY	<input type="checkbox"/>
D	BOCCIO, FRANK	51 MADISON AVE	NEW YORK NY 10010	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	GALLO, MICHAEL	51 MADISON AVENUE	NEW YORK, NY 10010	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	GOLDFINGER, SOLOMON	51 MADISON AVENUE	NEW YORK, NY 10010	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Richard Levy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

(212) 576-5383

Daytime Phone #

CR2E034 (9/99)